U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



Name :phillip

1 File Number U- 2337

3 Name and address of person filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

7. 37. 0. 16. 400

B :Stephenson

2 Fiscal Year Covered From

[1] / [2] / [2004] Through [12] / [31] / [2004]

Name United Association

4 Name, file number, and address of labor organization

	Labor Organization File Number ODO
PO Box, Bldg , Room No , if any	PO Box, Building and Room Number, if any PO Box 37800
Street 4716 N. Cromwell	Street 901 Massachussetts Ave. NW
Cay Oklahoma City	Chy Washington
State Oklahoma ZiP Code + 4 73112	State District of Columbia ZIP Code +4 20001
5 Position in labor organization Special Representative	
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion of the e	sions set forth in the instructions):  derived income or other economic benefit of
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name Distribution Construction Co.  Trade Name, fany	Social Svent W/Project owner officials and construction contractors Amount reambersed.
PO Box, Bldg., Room No., If any .PO Box 19991	7 b Amount.
Street	
City (Greensboro)	\$264
State North Carolina ZIP Code + 4 27419-1991	
Signature Phillip Legisleworn	
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
signed July Suptenson	On <u>8-12-05</u> <u>405-947-7664</u> Date Telephone Number

Name of Person Filing Phillip Stephenson	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
Name and address of Business (including trade name, if any)	9 Business deals with	
Name NDICPF  Trade Name, if any NDICPF  PO Box, Bidg, Room No, if any Wcodcreek Plaza  Street 101 Renner Rd., Ste 250  City Richardson  State Texas ZIP Code + 4 75082-2089	b Trust	
Name:	Registration fee for trustees to Distribution Contractors Convention	
Trade Name, if any		
Sireet	11 b Approximate dollar value of such dealing	
City State 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12 a Nature of interest held or income received	
	12 b Amount \$85	

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name Comment of the C	
Trade Name, if any	
PO Box, Bidg , Room No , if any	
Street 1 70 97 1 Street	
City	
State State ZiP Code + 4 55	
13 b is the Business an Employer 🔗 or Consultant 🤇 ?	14 b Amount of payment.

U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

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1 File Number U - 9,338

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2 Fiscal Year Covered From

A Name and address of person filing  Name Clifford  L Strate  Name Shopmen's Local Union No 527  Labor Organization File Number 032-224  P O Box, Bidg, Room No, If any  Street 405 Murray Hill Rd  City Tarentum  State Pennsylvania  ZiP Code + 4 15084  State Pennsylvania  ZiP Code + 4 15084  State Pennsylvania  ZiP Code + 4 15084  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name, if any)  Name  Trado Name, d any  Street  City  State  ZiP Code + 4  Signature  7 b Amount  7 b Amount  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		1 / 2004 Through 12 / 31 / 2004	
Labor Organization File Number 032-224  P O Box, Bidg , Room No , if any  Street 405 Murray Hall Rd  City Tarentum  City Tarentum  State Pennsylvania  ZiP Code+4 15084  Enter appropriate date below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name, if any)  Name  Trado Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZiP Code+4  Signature  15. Signature and verification. The undersigned declares, under penalty of Pertury and other applicable penalties of the law, that all of the information	3 Name and address of person filing	4 Name, file number, and address of labor organization	
P O Box, Bidg, Room No, if any  Street 405 Murray Hill Rd  City Tarentum  City Tarentum  State Pennsylvania  ZIP Code + 4 15084  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other excommic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  Name  Trado Name, if any  P O Box, Bidg, Room No, if any  To Amount  Street  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Pertury and other applicable penalties of the law, that all of the information	Name Clifford L Strate	Name Shopmen's Local Union No 527	
Street [2945 Banksville Rd]  City Tarentum  State Pennsylvania  ZiP Code + 4 15084  State Pennsylvania  ZiP Code + 4 15216  Position in labor organization  Executive Board offices  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name, if any)  Name  Trado Name, d any  PO Box, Bldg, Room No, if any  Street  City  State  ZiP Code + 4  Signature  15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information		Labor Organization File Number 032-224	
City Taxentum  State Pennsylvania  ZIP Code + 4 15084  State Pennsylvania  ZIP Code + 4 15084  State Pennsylvania  ZIP Code + 4 15216  5 Position in labor organization  Executive Board offices  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name, if any)  Name  Trado Name, if any  PO Box, Bidg, Room No, if any  Street  City  State  ZIP Code + 4  Signature  15. Signature of the repplicable penalties of the law, that all of the information	PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
State Pennsylvania ZIP Code +4 15084 State Pennsylvania ZIP Code +4 15216  5 Position in labor organization  Executive Board offices  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name, if any)  Name  7 a Nature of Interest, Transaction, or Incomu  7 b Amount  Street  City  State  ZIP Code +4  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	Street 405 Murray Hill Rd	Street 2945 Banksville Rd	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  PO Box, Bidg, Room No, if any  Street  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	City Tarentum	City Pittsburgh	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  Name  Trado Name, if any  P O Box, Bidg, Room No, if any  Street  City  State  ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	State Pennsylvania ZIP Code + 4 15084	State Pennsylvania , ZIP Code + 4 15216	
(except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg, Room No, if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	5 Position in labor organization Executive Board officer		
6 Name and address of Employer (including trade name, if any)  Name  Trado Name, if any  P O Box, Bldg, Room No, if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	(except as specified in the exclusions set forth in the instructions):		
Name  Trade Name, if any  P O Box, Bidg , Room No , if any  7 b Amount  Street  City  State  ZiP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	monetary value from an employer whose employees your organizati		
Trade Name, if any  P O Box, Bldg , Room No , if any  7 b Amount  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, of Income	
P O Box, Bidg , Room No , if any  7 b Amount  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	Name		
Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	Trade Name, if any		
Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	P O Box, Bidg , Room No , if any		
State ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		7 b Amount	
State ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	Street		
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	City		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	State ZIP Code + 4		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	Signature		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)			
Signed Clifford 2 Strat On 08/12/2005 (724) 274-8882	Signed Clifford I Strat		
Date Telephone Number		Date Telephone Number	

Name of Person Filing Clifford Strate	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Highmark	( <del></del>	
Trade Name, if any	a Labor Organization	
P O Box, Bldg , Room No , if any	b Trust	
Street 120 Fifth Ave. Place	c Employer	
City Pittsburgh		
State Pennsylvania ZIP Code + 4 15222		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name ,	Healthcare provider for Benefit Fund of Shopmen's Local Union 527	
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing \$1,400,000	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Annual labor appreciation golf outing and dinner for labor organizations	
	12 b Amount \$173	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State ZIP Code + 4		
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.	